

962 - REPORTING AND MONITORING OF SECLUSION AND RESTRAINT

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I. PURPOSE

This Policy applies to ALTCS/EPD, CRS and RBHA Contractors, including: Behavioral Health providers providing services to Tribal Regional Behavioral Health Authority (TRBHA) members as delineated within this Policy for members determined to have a serious mental illness (SMI).

This Policy does *not* apply to Fee-For-Service (FFS) Programs/Populations including: Tribal ALTCS, and the American Indian Health Plans (AIHP), Hospital Presumptive Eligibility FFS Temporary, FFS Permanent, Prior Quarter Coverages and Federal Emergency Services.

This Policy establishes guidelines for reporting and monitoring the use of seclusion and restraint.

II. DEFINITIONS**DRUG USED AS A
RESTRAINT**

Pharmacological restraint as used in A.R.S. §36-513 that is not standard treatment for a member's medical condition or behavioral health issue and is administered to:

- a. Manage the member's behavior in a way that reduces the safety risk to the member or others,
- b. Temporarily restrict the member's freedom of movement as defined in A.A.C. R9-21-101(26).

**MECHANICAL
RESTRAINT**

Any device, article, or garment attached or adjacent to a member's body that the member cannot easily remove and that restricts the member's freedom of movement or normal access to the member's body, but does not include a device, article, or garment:

- a. Used for orthopedic or surgical reasons, or
- b. Necessary to allow a member to heal from a medical condition or to participate in a treatment program for a medical condition as defined in A.A.C. R9-21-101(44).

**CHAPTER 900 – QUALITY MANAGEMENT AND PERFORMANCE
IMPROVEMENT PROGRAM****PERSONAL RESTRAINT**

The application of physical force without the use of any device, for the purpose of restricting the free movement of a member's body, but for a behavioral health agency licensed as a level 1 RTC or a Level I sub-acute agency according to A.A.C. R9-20-102 does not include:

- A. Holding a member for no longer than five minutes,
- B. Without undue force, in order to calm or comfort the member, or
- C. Holding a member's hand to escort the member from one area to another as defined in A.A.C. R9-21-101(50).

SECLUSION

The involuntary confinement of a behavioral health recipient in a room or an area from which the person cannot leave.

**SECLUSION OF
INDIVIDUALS DETERMINED
TO HAVE A SERIOUS
MENTAL ILLNESS**

The restriction of a behavioral health recipient to a room or area through the use of locked doors or any other device or method which precludes a person from freely exiting the room or area or which a person reasonably believes precludes his/her unrestricted exit. In the case of an inpatient facility, confining a behavioral health recipient to the facility, the grounds of the facility, or a ward of the facility does not constitute seclusion. In the case of a community residence, restricting a behavioral health recipient to the residential site, according to specific provisions of an individual service plan or court order, does not constitute seclusion.

III. POLICY**SECLUSION AND RESTRAINT**

The use of seclusion and restraint shall only be used to the extent permitted by and in compliance with A.A.C. R9-21-204. If restraint or seclusion is used this shall be reported as described in this Policy to AHCCCS and the appropriate Human Rights Committee (HRC) via collaboration with the AHCCCS, DHCAA-HRC Coordinator.

AHCCCS, Office of Human Rights (OHR) and the HRCs review such reports to determine if there has been any inappropriate or unlawful use of restraint or seclusion and to determine if restraint or seclusion may be used in a more effective or appropriate fashion.

If any HRC or OHR determines that restraint or seclusion has been used in violation of any applicable law or rule, the HRC or OHR may take whatever action is appropriate, including investigating the matter itself or referring the matter to the AHCCCS Administration for remedial action.

IV. REPORTING REQUIREMENTS**A. Contractors shall ensure that:**

1. All ADHS or state-licensed Behavioral Health Inpatient Facilities and programs, including out-of-state facilities, authorized to use seclusion or restraint shall submit individual reports of incidents of seclusion and restraint with members designated as SMI within five days of the occurrence to the Contractors or to the DHCAA- HRC Coordinator for members assigned to the TRBHA utilizing Attachment A.
2. In the event that the use of seclusion or restraint requires face-to-face monitoring, as outlined in A.A.C. R9-21-204, a report shall be submitted to the Contractor or DHCAA-HRC Coordinator for TRBHA assigned members.
3. All ADHS or state-licensed Behavioral Health Inpatient Facilities and programs, including out-of-state facilities, authorized to use seclusion or restraint report the total number of occurrences of the use of seclusion and restraint with members designated as SMI in the prior month to the Contractors or to the DHCAA- HRC Coordinator for members assigned to the TRBHA by the fifth calendar day of the month. If there were no occurrences of seclusion or restraint during the reporting period, the report should so indicate.

B. Contractors and the AZSH shall distribute individual and summary reports of the use of seclusion and restraint to the AHCCCS DHCAA-OHR as follows:

1. Forward individual reports, utilizing AMPM Exhibit 962-1, concerning the use of seclusion and restraint with members designated as SMI - on the 15th of each month. In accordance with A.R.S. §36-509, the Contractor and AZSH shall redact information on substance use or HIV/AIDS/communicable disease(s) from the reports.
2. Submit monthly summary reports, utilizing Attachment B, concerning seclusion and restraint information involving members designated as SMI - on the 15th of each month.

C. Contractors and the AZSH shall distribute individual and summary reports of the use of seclusion and restraint to the AHCCCS DHCAA-HRC Coordinator as follows:

1. Forward individual reports utilizing, Attachment A, concerning the use of seclusion and restraint with members designated as SMI - on the 15th of each month.
2. Submit monthly summary reports, utilizing Attachment B, concerning seclusion and restraint information involving members designated as SMI - on the 15th of each month.
3. The Contractor or AZSH shall ensure that the disclosure of protected health information is in accordance with state and federal laws.
4. Monthly reports must be redacted of all personally identifiable information prior to submitting to the HRC in accordance with state and federal laws.

- D. Behavioral Health Providers providing services to TRBHA members will be required to send all submissions directly to the Office of Human Rights (OHR) via OHRts@azahcccs.gov as follows:
1. Forward individual reports, utilizing Attachment A, concerning the use of seclusion and restraint with members designated as SMI within five days of occurrence to OHR via OHRts@azahcccs.gov.
 2. In accordance with A.R.S. §36-509, the provider shall redact information on substance use or HIV/AIDS/communicable disease(s) from the reports.



AHCCCS MEDICAL POLICY MANUAL
CHAPTER 900 – QUALITY MANAGEMENT AND PERFORMANCE
IMPROVEMENT PROGRAM

ATTACHMENT A, SECLUSION AND RESTRAINT INDIVIDUAL REPORTING FORM

SEE THE AMPM WEBPAGE FOR ATTACHMENT A OF THIS POLICY



AHCCCS MEDICAL POLICY MANUAL
CHAPTER 900 – QUALITY MANAGEMENT AND PERFORMANCE
IMPROVEMENT PROGRAM

ATTACHMENT B, SECLUSION AND RESTRAINT MONTHLY REPORT

SEE THE AMPM WEBPAGE FOR ATTACHMENT B OF THIS POLICY